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| Case Number: | CM15-0177161 | | |
| Date Assigned: | 09/29/2015 | Date of Injury: | 04/07/2009 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 08/10/2015 |
| Priority: | Standard | Application Received: | 09/09/2015 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old male, who sustained an industrial injury on 4-7-2009. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy, neuropathic pain, myofascial syndrome, cervical sprain-strain, tension headaches, chronic pain related depression, and chronic pain syndrome. On 2-17-2015, the injured worker reported low back pain rated 8 out of 10 with an average over the previous week of 8 out of 10. The single submitted Primary Treating Physician's report dated 2-17-2015, noted the injured worker reported he had not worked since 2009. The injured worker was noted to be taking Ibuprofen for his pain, having previously taken Gabadone and Theramine. The Physician noted the injured worker would be started on Tramadol for when he had more severe pain, with the treatment plan noted to include starting Tramadol, Gabadone, Theramine, Terocin patches, and Menthoderm gel. A request for authorization was noted to have requested a urine drug screen (UDS) for the date of service of 6-11-2014. The Utilization Review (UR) dated 8-10-2015, non-certified the request for a urine drug screen (UDS) for the date of service of 6-11-2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Urine drug screen DOS: 6/11/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 43, "Drug testing", recommend drug screening "to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse (abuse), addiction and/or other aberrant drug related behavior" when there is a clinical indication. These screenings should be done on a random basis. The injured worker has low back pain rated 8 out of 10 with an average over the previous week of 8 out of 10. The single submitted Primary Treating Physician's report dated 2-17-2015, noted the injured worker reported he had not worked since 2009. The injured worker was noted to be taking Ibuprofen for his pain, having previously taken Gabadone and Theramine. The Physician noted the injured worker would be started on Tramadol for when he had more severe pain, with the treatment plan noted to include starting Tramadol, Gabadone, Theramine, Terocin patches, and Methoderm gel. The treating provider has not documented provider concerns over patient use of illicit drugs or non-compliance with prescription medications. There is no documentation of the dates of the previous drug screening over the past 12 months or what those results were and any potential related actions taken. The request for drug screening is to be made on a random basis. There is also no documentation regarding collection details, which drugs are to be assayed or the use of an MRO. The criteria noted above not having been met, Urine drug screen DOS: 6/11/14 is not medically necessary.